		Department	of Pu	ıbli	c He	alth	ar	nd Social S	Services				
Food Establishm								pection	Report Page_	<u>/</u>	of_	<u>2</u>	
Regular Y	10 09 11 1 2017						STABLISHMENT NAME KI MAKKET						
Follow-up / Complaint	RATING	TIME IN TIME OUT PERMIT HOLDER HAN, MIN JUNG / JAMES											
investigation Other:	10	C SANITARY PERMIT NO. 17-00 U 2098					۱ (JADA TOTO LOOP, BARR		OA.		
ESTABLISHME		E AREA TELEPHONE			No. of Risk Factor/Intervention Violations RIS						K CATEGORY		
RETAIL 4 734-0100 No. of Repeat Risk Factor/Intervention Violations 2 2 FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
	Circle design	ited compliance (IN, OUT, N/	O, N/A)	for ea	ach nur	nbered	d itte	em. Mark "X"	in appropriate box for COS and/or R.				
IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applic Compliance Status COS R								pliance State	us		nerit po		
Supervision Person in charge present, demonstrates			т т		0.17	16	3 [IN OUT (N/A)	Potentially Hazardous Food (TCS Food) WO Proper cooking time and temperatures	T		6	
Person in charge present, demonstrates knowledge, and performs duties					6	17			VO Proper reheating procedures for hot holding			6	
Employee Health						18			Proper cooling time and temperatures			6	
2 IN (OUT) 3 (IN) OUT		reness; policy present orting, restriction & exclusion	-	\succeq	6	19		IN OUT N/A	roper hot holding temperatures	-		6	
3 (11) 001	The state of the s	enic Practices		_	0 0 0	21			Proper cold holding temperatures VO Proper date marking and disposition	-	-	6	
. /2)		ting, drinking, beteinut, or	T				4			_		0	
4 (IN) OUT N/A N/O	tobacco use		\vdash	U.	6	Consumer Advisory		Consumer Advisory					
		emination by Hands				22	2	IN OUT (N/A)	Consumer Advisory provided for raw or undercooked foods			6	
64		tact with ready-to-eat foods or	\vdash	243	6	200	The State		Highly Susceptible Populations			127	
7 (IN) OUT N/A N/O		method properly followed			6	100	J		Pasteurized foods used; prohibited foods not	1			
8 (IN) OUT		shing facilities supplied &			6	23	<u>'</u>	IN OUT(N/A)	offered			6	
	accessible				ŭ	1000	Ę		Chemical				
9 (IN) OUT		ed Source		_		24	ı İı	IN OUT (N/A)	Food additives: approved and properly used			6	
10 M OUT N/A (N/O	Food received at p	n approved source	-		6	\vdash	4	\sim	T- 2	\vdash		-	
11(in) out		lition, safe, and unadulterated			6	25	ď	IN DUT	Toxic substances properly identified, stored, used			6	
12 IN OUT (N/A) N/O		available: shellstock tags,	- 03	\neg	-	100		Ċ	onformance with Approved Procedures		_		
12 IN 001 (N/A) N/O	parasite destruction				6	26	T	IN OUT N/A	Compliance with variance, specialized			-	
		n Contamination	A THE	-	1000	20		IN OUT (NA)	process, and HACCP plan			6	
13 W OUT N/A 14 W OUT N/A	Food separated as		1	\simeq	6		Γ	Risk factors	are improper practices or procedures identified a	s the r	nost		
			-	6		1	prevalent con	tributing factors of foodborne illness of injury. Pu	blic He	ealth	i		
15 IN DUT		ned, and unsafe food			6		L	interventions	are control measures to prevent foodborne illnes	s or inj	ury.		
		GO	OD R	E	AL	PR	Ā	CTICES					
1 1/3	Good Retail Practi	ces are preventative measure	s to conf	trol th	e intro	duction	3 0	f pathogens, ch	emicals, and physical objects into foods.				
Mark "X" in box: If a	numbered item is no	ot in compliance and/or if COS			COS				g inspection R =Repeat violation PTS =De			-	
Compliance Status	Safe Engl	and Water	cos	K	PIS	COI	m	ollance Statu		cos	R	PTS	
27 Pasteurized	eggs used where it	The second secon	1		1	40	Ť	Min. imo ido	Proper Use of Utensijs		V	-	
	11.37			_	$\overline{}$	\vdash	*	The same of the sa	equipment and linens: properly stored, dried,				
Water and Ice from approved source					2	41	1	handled		1		1	
29 Variance obtained for specialized processing methods				1	42			e/single-service articles: properly stored, used			1		
Food Temperature Control Proper cooling methods used, adequate equipment for				-	100	43	1	[Gloves us	sed properly			1	
30 Proper cooling methods used, adequate equipment for temperature control					1	-	T	Food and	Utensils, Equipment and Vending nonfood-contact surfaces cleanable, properly		-		
31 Plant food properly cooked for hot holding				1	44		and the same of th	constructed, and used			1		
32 Approved thawing methods used			\neg	1	45	T	Warewas	hing facilities, installed, maintained, used; test			1		
33 Thermometer provided and accurate		-	J	\dashv	46	4	strips Nonfoodu	contact surfaces clean					
Food Identification				$\overline{}$		40	-	Noniood-	Physical Facilities			1	
34 Food properly labeled; original container					1	47 Hot & cold water available, adequate pressure 2					2		
Prevention of Food Contamination						48	-		installed; proper backflow devices			2	
35 Insects, rodents, and animals not present					2	49	T	Sewage a	and wastewater properly disposed			2	
36 Contamination prevented during food peparation, storage &					1	50	1	Toilet faci	lities: properly constructed, supplied, & cleaned	1	V	2	
37 Personal cleanliness				-	1	51	+		refuse properly disposed; facilities maintained	-	4	2	
38 Wiping cloths: properly used and stored				-	1	52	_		acilities installed, maintained, and clean	-	52	1	
39 Washing fruits and vegetables				+	1	53	-		ventilation and lighting; designated areas use		9	1	
I have read and understand the above violation(s), and Documents and Placards										5251			
i am aware of the corrective measures that shall be taken. 54 Sanitary Permit, Health Certificates valid and posted								1	2				
Person in Charge (Print a	and Sign)	THY 11%		_	1	~	2		Date:	1/11	10	11	
DEH Inspector (Print and	Sign)	IN NAVARRO.	DOU .	7	1	1	7	7	Follow-up (Circle one): YES NO	low-t	Date	17	
Rev: 08.27.15	CEILI		DPHSS/D	-	Yello	w: Foo	d E	Establishment	Glow-up (Glicle Oile): TES 140	17/	4	17	

Division of Environmental Health Food Establishment Inspection Report Page 2 of 2 ESTABLISHMENT NAME LOCATION (Address) K1 MARKET # 118 CANADA TOTO LOOP, BARRIGADA PERMIT HOLDER INSPECTION DATE SANITARY PERMIT NO. 17000 2098 HAN, MINJUNG/JAMES 09 1 11 1 2017 **TEMPERATURE OBSERVATIONS** Item/Location Temperature (° F) Item/Location Temperature (° F) CORRECT ITEM NO. **OBSERVATIONS AND CORRECTIVE ACTIONS** BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. A FOLLOW-UP INSPECTION WAS CONDUCTED TO DAY FOR PREVIOUS INS-PECTION DATED 08/31/17 WHICH RESULTED IN A GRADE/RATING OF 18/B. ALL PREVIOUS VIOLATIONS OF ITEMS # 2, 13, 33, 34, 40. 50, AND 52 REMAIN UNCORRECTED. THE FACILITY IS DOWNGRADED DUE TO REPEAT VIOLATION OF ITEMS REMOVED "B" PLACARD NO. 00808. POSTED "C" PLACARD NO. 00143. ISSUED KETTER OF WARNING AND RE-INSPECTION REDUEDT FORM DICCUSSED THIS REPORT WITH MANAGER, CATHY LEE Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result/of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections. Person in Charge (Print and Sign) DEH inspector (Print and Sign) Date:

Department of Public Health and Social Services

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES



G Ula M	DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT	Secret Services
EDDIE BAZA CALVO GOVERNOR		JAMES W. GILLAN DIRECTOR
RAY TENORIO LIEUTENANT GOVERNOR		LEO G. CASIL DEPUTY DIRECTOR
	Date: 09/11/	17
K4 h	PANKET F Establishment	
As a result of this ins	/ARNING (Demerit/Grade Points)	
written requ If we do no	nave corrected all violations cited on your establishment's inspection report, you musuest for re-inspection to include a description of the corrective measures that you have treceive a written re-inspection request from you, we will conduct a follow-up inspear days from the official receipt of this notice to ensure that corrective measures have be	e implemented. ection after ten
Failure to a 10GCA, Ch	correct violations may result in the closure of your establishment pursuant to sectionapter 21.	on 21109(b) of
□ NOTICE OF CL		
	(Demerit/Grade Points)	
written requ	have corrected all violations cited on your establishment's inspection report, you musurest for re-inspection to include a description of the corrective measures that you have establishment who has received a letter of warning, an establishment shall remain c	implemented.

written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

L-NAVAGE Issued By:

123 CHALAN KARETA, MANGILAO, GUAM 96913-6304 www.dphss.guam.gov • Ph 1 671 735 7102 • Fax 1 671 473 5910